

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

FOR CLERK'S USE ONLY

PROBATE INFORMATION COVER SHEET

Case Number: PB _____

A person needing a guardian or conservator is the "ward". A person who died is the "decedent".

INFORMATION ABOUT THE WARD or THE DECEDENT

NAME: _____	DATE OF BIRTH: _____
MAILING ADDRESS : _____	
STREET ADDRESS (if different): _____	
TELEPHONE (Home): _____	SSN: _____
TELEPHONE (Cellular): _____	EMAIL: _____
<input type="checkbox"/> ADDITIONAL WARDS ARE INVOLVED. Information listed separately.	

INFORMATION ABOUT THE PETITIONER, the person filing these papers.

NAME: _____	
MAILING ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____
INFORMATION ABOUT PETITIONER'S ATTORNEY: <input type="checkbox"/> Petitioner is not represented by an attorney, or	
NAME: _____	BAR # _____
TELEPHONE: _____	EMAIL: _____

☐ An INTERPRETER IS NEEDED for this language: _____ By _____

(List Names of) Persons who need interpreter: Name: _____

Name: _____ Name: _____

STAFF USE ONLY: REASON FEES NOT PAID: ☐ Government Charge ☐ Deferred

NATURE OF ACTION: Place an "X" next to number which describes the nature of the case. Check only **ONE**.

200 ESTATE

- ____ 201 Formal Appointment of Personal Representative
- ____ 202 Informal Appointment of Personal Representative
- ____ 203 Ancillary Administration
- ____ 204 Affidavit of Succession to Realty
- ____ 205 Trust Administration
- ____ 206 Formal Probate of Will
- ____ 207 Informal Probate of Will
- ____ 208 Proof of Authority
- ____ 210 Other _____
- Specify
- ____ 211 Single Transaction/Limited Conservatorship
- ____ 212 Foreign Domiciliary

220 CONSERVATOR

- ____ 221 Minor
- ____ 222 Adult Incapacitated Person

230 GUARDIANSHIP

- ____ 231 Minor
- ____ 232 Adult (including those with Dementia, Alzheimer's)
- ____ 233 Adult Requiring In-Hospital Mental Health Treatment

240 GUARDIANSHIP-CONSERVATOR COMBINATION

- ____ 241 Minor
- ____ 242 Adult (including those with Dementia, Alzheimer's)
- ____ 243 Adult Requiring In-Hospital Mental Health Treatment

Case No. _____

INFORMATION ABOUT THE FIDUCIARY, **the person to serve as guardian, conservator, or personal representative (executor) of the Estate of someone who died.**

NAME: _____		DATE OF BIRTH: _____	
MAILING ADDRESS: _____			
STREET ADDRESS: (if different) _____			
TELEPHONE (Home): _____		SSN: _____	
TELEPHONE (Cellular): _____		EMAIL: _____	
TELEPHONE (Work): _____		CERTIFICATION # _____ (for State-Licensed Fiduciaries ONLY)	
RELATIONSHIP TO THE WARD OR (if an estate matter) THE DECEDENT: _____			
PHYSICAL DESCRIPTION:	RACE:	HEIGHT	WEIGHT:
	EYE COLOR:	HAIR COLOR:	

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner or Attorney Signature

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.

If there is already a (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Maricopa County, **DO NOT SUBMIT THIS FORM.**